

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 2-876)

APPLICANT(S)

09, 1-16-284

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---------------|----------|------|------------------------|------|------------------------|------|
| | INO. | DEP. | INO. | DEP. | INO. | DEP. |
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| TOTAL INO. | 3 | | | | | |
| TOTAL DEP. | 11 | | | | | |
| TOTAL | 14 | | | | | |

| | INO. | | DEP. | | INO. | | DEP. | |
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| TOTAL INO. | | | | | | | | |
| TOTAL DEP. | | | | | | | | |
| TOTAL | | | | | | | | |

BEST AVAILABLE COPY